		dentify your case	_		
Debtor 1	Chris First Name	E. Middle Name	Carhart Last Name	-	
Debtor 2	First Name	Middle Nome	Lost Nama	_	
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for	the: MIDDLE DIST	RICT OF FLORIDA	_	
Case number (if known)				_	if this is an ded filing
Official Form	106A/B				
Schedule A	B: Property	/			12/15
1. Do you own	or have any lega	·	ng, Land, or Other Real	Estate You Own or Have	e an Interest In
☐ No. Go t  ✓ Yes. Wh	to Part 2. nere is the propert	y?			
1.1.  621 Seaview Co  Street address, if availa		Check all	he property? that apply. e-family home	Do not deduct secured cla amount of any secured cla Creditors Who Have Clain	
		Duple	ex or multi-unit building ominium or cooperative	Current value of the entire property?	Current value of the portion you own?
Marco Island	FL 34	_	factured or mobile home	\$134,662.00	\$134,662.00
City  Collier	State ZIP	Times		Describe the nature of you interest (such as fee sim entireties, or a life estate	ple, tenancy by the
County		Other			,,
Homestead (FMV \$269,325)		Who has Check on	an interest in the property? e.	3070	
( +200,020)		Debto	or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and anot	Check if this is communication (see instructions)	nunity property
			ormation you wish to add ab identification number:	out this item, such as local	

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Debtor 1	Chris	E.	Carhart (	Case number (if known)	
	First Name	Middle Name	Last Name	· · · · · ·	
1.2.			What is the property?	Do not deduct secured cla	ims or exemptions. Put the
	te Eagle Drive		Check all that apply.	amount of any secured cla	
Street addres	ss, if available, or othe	er description	✓ Single-family home	Creditors Who Have Claim	
			Duplex or multi-unit building	Current value of the entire property?	Current value of the portion you own?
Naperville	e IL	60564	☐ Condominium or cooperative ☐ Manufactured or mobile home	\$799,000.00	\$799,000.00
City		tate ZIP Code	Land	Ψ1 33,000.00	Ψ1 33,000.00
			☐ Investment property	Describe the nature of yo	-
			Timeshare	interest (such as fee sim	
County			Other	entireties, or a life estate	), if known.
Uama in I			Who has an interest in the property?	50	
Home in I ∕TFN∆NT	IL 'S BY THE ENT	IRETIES NON	Check one.		
•	541 PROPERT		Debtor 1 only	☐ Check if this is comn	nunity property
		,	Debtor 2 only	(see instructions)	
			Debtor 1 and Debtor 2 only		
			At least one of the debtors and anoth	lei	
			Other information you wish to add abo property identification number:	ut this item, such as local	_
			own for all of your entries from Part 1, in Part 1. Write that number here		\$933,662.00
Part 2:	Describe \	our Vehicles			
3. Cars,  □ No	0	ctors, sport utility	vehicles, motorcycles		
3.1.			Who has an interest in the property?	Do not deduct secured cla	ims or exemptions. Put the
Make:	Aud	i	Check one.	amount of any secured cla	ims on Schedule D:
Model:	A4 2	2.0 T	Debtor 1 only	Creditors Who Have Claim	is Secured by Property.
Year:	2012	 2	Debtor 2 only	Current value of the	Current value of the
Approxima	te mileage: 20,0	00	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other infor	<u> </u>		At least one of the debtors and anoth	er <b>\$16,525.00</b>	\$16,525.00
	li A4 2.0 T (appı	rox. 20000	☐ Check if this is community propert	y	
miles)	```		(see instructions)		
SEE APP	RAISAL ATTAC	HED			
3.2.			Who has an interest in the property?		ims or exemptions. Put the
Make:	Niss	an	Check one.	amount of any secured cla Creditors Who Have Claim	
Model:	Juke	S 2WD	☑ Debtor 1 only	Current value of the	Current value of the
Year:	2011	<u> </u>	Debtor 2 only Debtor 1 and Debtor 2 only	entire property?	portion you own?
Approxima	te mileage: 60,0	00	At least one of the debtors and anoth	ner \$12,125.00	\$12,125.00
Other infor	mation:		_	<u> </u>	,
2011 Niss 60000 mil	san Juke S 2WI les)	D (approx.	Check if this is community propert (see instructions)	у	
			and other recreational vehicles, other value watercraft, fishing vessels, snowmobiles		
☑ N			, 0	. ,	
□ ''	00				

Deb	otor 1	Chris First Name	E. Middle Name	Carhart Last Name	Case number (if known)	
5.			portion you own fo		rom Part 2, including any nere →	\$28,650.00
P	art 3:	Describe Your	r Personal and H	lousehold Items		
Do	you owr	or have any legal o	or equitable interest	in any of the followir	ng items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		hold goods and furn les: Major appliances	nishings s, furniture, linens, ch	ina, kitchenware		
	☐ No ☑ Yes		interest in Househ V \$4,218)	old goods, furnish	ings, appliances, books & pictures	\$2,109.00
7.	Electro Examp	les: Televisions and		• .	uipment; computers, printers, scanners; cameras, media players, games	
	☐ No ☑ Yes	s. Describe 1/2 i	interest in electroi V \$3,000)	nics		\$1,500.00
8.					ooks, pictures, or other art objects; memorabilia, collectibles	
	✓ No ☐ Yes	s. Describe				
9.					; bicycles, pool tables, golf clubs, skis;	
	✓ No ☐ Yes	s. Describe				
10.	Firearn Examp		otguns, ammunition,	and related equipmen	t	
	✓ No ☐ Yes	s. Describe				
11.			s, furs, leather coats,	designer wear, shoes	, accessories	
	☐ No ✓ Yes	s. Describe <b>Wea</b>	aring apparel			\$400.00
12.	<b>Jewelr</b> Examp	•	y, costume jewelry, er	ngagement rings, wedd	ding rings, heirloom jewelry, watches, gems	
	□ No ✓ Yes		ch and wedding ri	ing		\$250.00
13.		rm animals les: Dogs, cats, birds	s, horses			
	✓ No ☐ Yes	s. Describe				
14.	Any ot	•	ousehold items you	did not already list, ir	ncluding any health aids you	
		s. Give specific				

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Deb	otor 1	Chris First Name	E. Middle Name	Carhart Last Name	Case number (if known)	
15.		ne dollar value of all	l of your entries f	rom Part 3, including any e		\$4.050.00
	attach	ed for Part 3. Write	the number here	<del>)</del>		\$4,259.00
P	art 4:	Describe You	ır Financial A	ssets		
Do	you ow	n or have any legal	or equitable inte	rest in any of the following	?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examp	oles: Money you hav	e in your wallet, ir	your home, in a safe depos	it box, and on hand when you file your	
	☐ No ✓ Ye				Cash:	\$335.00
17.	•	brokerage hous institution, list e	ses, and other sim		deposit; shares in credit unions, multiple accounts with the same	
	ш	9S	Institu	tion name:		
	17	7.1. Checking acc	ount: Chec	king accounts		\$1,345.00
18.		s, mutual funds, or poles: Bond funds, inv	-	t <b>ocks</b> s with brokerage firms, mone	y market accounts	
	✓ No	) es	Institution or isse	uer name:		
19.	an inte	erest in an LLC, par o es. Give specific ormation about	tnership, and joi		porated businesses, including	
	trie	em	Name of entity:  Carhart Equip	ament	% of ownership: <b>100%</b>	\$1.00
			Carhart Intern		100%	\$1.00
20.	Negoti	iable instruments inc	te bonds and oth	er negotiable and non-neg	otiable instruments ssory notes, and money orders.	
	inf	o es. Give specific formation about em	Issuer name:			
21.		ment or pension ac ples: Interests in IRA profit-sharing p	, ERISA, Keogh,	401(k), 403(b), thrift savings	accounts, or other pension or	
		es. List each	Type of account:	Institution name:		

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Deb	tor 1 Chris	Е.	Carhart	Case number (if known)	
22.	First Name  Security deposits and pre		Last Name	e service or use from a company	
			• •	c, gas, water), telecommunications	
	✓ No ☐ Yes		Institution name or individu	al:	
23.	<b>☑</b> No			ther for life or for a number of years)	
	Yes				
24.	26 U.S.C. §§ 530(b)(1), 529	•		am, or under a qualified state tuition pr	ogram.
	☑ No ☐ Yes	Institution name	and description. Separately	file the records of any interests. 11 U.S.C	. § 521(c)
25.	Trusts, equitable or future powers exercisable for yo	-	perty (other than anything l	isted in line 1), and rights or	
	<ul><li>✓ No</li><li>✓ Yes. Give specific information about them</li></ul>	1			
26.	Patents, copyrights, trade	emarks, trade se	crets, and other intellectual s, proceeds from royalties and		
	✓ No  Yes. Give specific information about them	ı			
27.	Licenses, franchises, and Examples: Building permits	. •.		noldings, liquor licenses, professional licer	nses
	<ul><li>✓ No</li><li>✓ Yes. Give specific information about them</li></ul>	1			
Mor	ney or property owed to yo	u?			Current value of the
					portion you own?  Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you				
	No No Civo aposific info	rmation		Endors	ıl: <b>\$0.00</b>
	Yes. Give specific info about them, including v you already filed the re	whether		Federa State:	\$0.00
	and the tax years			Local:	\$0.00
29.	Family support  Examples: Past due or lum	np sum alimony, s	pousal support, child support,	, maintenance, divorce settlement, proper	y settlement
	<ul><li>✓ No</li><li>✓ Yes. Give specific info</li></ul>	ormation		Alimony:	\$0.00
	<u>.</u>			Maintenance:	\$0.00
				Support:	\$0.00
				Divorce settlement	<b>\$0.00</b>
				Property settlemen	t: <b>\$0.00</b>
30.		disability insurand	ce payments, disability benefi enefits; unpaid loans you mad	ts, sick pay, vacation pay, workers' le to someone else	
	☐ No  ✓ Yes. Give specific info	rmation Carbo	rt-Halacka Int''		\$241,567.00
	Yes. Give specific info	anduon Carrial	t Halaska IIIt I		ΨΞΨΙ,301.00

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Debt	tor 1	Chris	E.	Carhart	Case number (if known)	
		First Name	Middle Name	Last Name		
31.		ets in insurance les: Health, dis	-	nce; health savings account	(HSA); credit, homeowner's, or renter's in:	surance
	□ No					
		<ul> <li>Name the in mpany of each</li> </ul>				
		d list its value		v name:	Beneficiary:	Surrender or refund value:
	۵		•	life insurance policy	26	Unknown
22	A ny in	toroot in propo				
32.	If you a	re the benefici	•		surance policy, or are currently	
	✓ No ☐ Yes	s. Give specifi	c information			
33.		_	•	not you have filed a lawsues, insurance claims, or right	it or made a demand for payment s to sue	
	✓ No	s. Describe ea	ch claim			
34.		contingent and to set off clain	•	ns of every nature, includin	g counterclaims of the debtor and	
	✓ No	s. Describe ea	ch claim			
35.	Any fir	nancial assets	you did not already	/ list		
	✓ No ☐ Ye	s. Give specifi	c information			
36.			-		y entries for pages you have	\$243,249.00
Pa	art 5:	Describe A	ny Business-Re	elated Property You Ov	vn or Have an Interest In. List a	ny real estate in Part 1
37.	Do you	ı own or have	any legal or equita	ble interest in any business	related property?	
	_	. Go to Part 6. s. Go to line 38	В.			
						Current value of the
						portion you own?
						Do not deduct secured
20	<b>A</b>			alua a du a ausa d		claims or exemptions.
38.	Accou	nts receivable	or commissions ye	ou aiready earned		
	✓ No	s. Describe				
39.		les: Business-	rnishings, and supprelated computers, sairs, electronic device	oftware, modems, printers, c	opiers, fax machines, rugs, telephones,	
	✓ No ☐ Ye	s. Describe				
40.	Machir	nery, fixtures,	equipment, supplie	s you use in business, and	tools of your trade	
	□ No ✓ Ye		Miscellaneous ha	and tools		\$550.00
41.	Invento	ory				
	✓ No	s. Describe				

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Deb	tor 1	Chris	E.	Carhart	Case number (if known)	
		First Name	Middle Name	Last Name		
42.	Interes	ts in partnersh	ips or joint ventures			
	<b>√</b> No					
		s. Describe	Name of entity:		% of ownership:	
43.	Custon	ner lists, mailin	g lists, or other comp	ilations		
	<b>⋈</b> No					
	بخا	s. Do vour lists	s include personally i	dentifiable information (as	s defined in 11 U.S.C. § 101(41A))?	
		∏ No	,	,	G ( //	
		Yes. De	scribe			
44.	Any bu	siness-related	property you did not	already list		
	<b>⋈</b> No					
	Yes	s. Give specific	information.			
45.	Add the	e dollar value o	of all of your entries fr	om Part 5, including any e	entries for pages you have	<b>\$550.00</b>
	attache	ed for Part 5. W	/rite that number here		→	<u>\$550.00</u>
D	art 6:	Describe An	v Farm- and Com	marcial Fishing-Rala	ted Property You Own or Have a	n Interest In
1 6				farmland, list it in Part		ii iiiterest iii.
46.	Do you	own or have a	ny legal or equitable	interest in any farm- or co	ommercial fishing-related property?	
	✓ No.	Go to Part 7.				
	☐ Yes	s. Go to line 47.				
						Current value of the portion you own?
						Do not deduct secured
47	Farm a	nimals				claims or exemptions.
71.			ooultry, farm-raised fish	1		
	<b>☑</b> No					
	☐ Yes	S				
48.	Crops-	either growing	or harvested			
	<b>☑</b> No					
	,	s. Give specific				
49.		ormation nd fishing equi		nachinery, fixtures, and to	pols of trade	
			,,,,,,,	, ,		
	✓ No ☐ Yes	•				
	_					
50.	Farm a	nd fishing supp	plies, chemicals, and	feed		
	<b>☑</b> No					
	☐ Yes	S				
51.	Any far	m- and comme	ercial fishing-related p	roperty you did not alrea	dy list	
	<b>☑</b> No					
		s. Give specific				
		ormation				
52.					entries for pages you have	\$0.00
	attaone	I ait U. W	mat namber nere		<b></b>	

Deb	otor 1	Chris First Name	E. Middle Name	Carhart Last Name	Case n	umber (if known)			
Р	art 7:	Describe All	Property You Ow	n or Have an	Interest in That You	Did Not List A	bove	е	
53.	•	•	operty of any kind you kets, country club memb	•	ist?				
	□ No ☑ Ye	es. Give specific	information.						
	<u>P</u>	ersonal paper	<u>s</u>						\$1.00
54.	Add th	ne dollar value o	of all of your entries fro	m Part 7. Write	that number here		→		\$1.00
P	art 8:	List the Tota	als of Each Part of	this Form					
55.	Part 1:	: Total real estat	te, line 2				→		\$933,662.00
56.	Part 2:	: Total vehicles,	line 5		\$28,650.00				
57.	Part 3:	: Total personal	and household items,	line 15	\$4,259.00				
58.	Part 4:	: Total financial	assets, line 36		\$243,249.00				
59.	Part 5:	: Total business	s-related property, line	45	\$550.00				
60.	Part 6:	: Total farm- and	d fishing-related prope	rty, line 52	\$0.00				
61.	Part 7:	: Total other pro	operty not listed, line 54	4	+\$1.00				
62.	Total p	personal proper	ty. Add lines 56 through	gh 61	\$276,709.00	Copy personal property total	<b>→</b>	+	\$276,709.00
63.	Total c	of all property o	n Schedule A/B. Add	d line 55 + line 62					\$1,210,371.00

Prepared by and return to: John A. Nold, PA 995 N. Collier Blvd. Marco Island, FL 34145

WITHOUT TITLE OPINION GIVEN

3459875 OR: 3626 PG: 3691

RECORDED in OFFICIAL RECORDS of COLLIER COUNTY, FL 08/17/2004 at 12:22PM DWIGHT B. BROCK, CLERK

COMS

18.50 REC PEE DOC-.70 1176.00

Retn: TRANCO TITLE 649 VASSAR ST ORLANDO PL 32804

### SPECIAL WARRANTY DEED

THIS INDENTURE made this 16th day of Time Donald R. Carhart and Shirley A. Carhart, husband and wife, whose post office address is 1126 Kings Point Court, Naperville, Illinois, 60563, herein called the Grantor Chris E. Carhart and Kexin Carhart, husband and wife whose post office address is 3512 White Eagle Drive, Naperville, Illinois, 60564, hereinafter called the Grantee: WITNESSETH, That the grantor, for and in consideration of Ten Dollars (\$10.00) and other good and valuable considerations, receipt whereof is hereby acknowledged, has granted

bargained, and sold unio the grantee, and grantee's heirs and assignees forever, the following

FOLIO NO. 74140800002

described land situated in Collier County, Florida, to wit:

Unit #2, Building P South Seas East Condominium Apartments of Marco Island, a Condominium according to the Declaration of Condominium, as Recorded in Official Records Book 799, Pages 190-311, and the amended Thereto recorded in Official Records Book 800, Pages 452-469, of the Public Records of Collier County, Florida.

This transfer is exempt from Documentary Stamps as it is a transfer of unencumbered property.

This deed is executed subject to restrictions, reservations and easements of record common to the subdivision, and taxes from the date of this deed and subsequent years.

And the Grantor hereby specially warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.

S10b & \*1/6&

Page 1 of 2

\*\*\* OR: 3626 PG: 3692 \*\*\*

IN WITNESS THEREOF, Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

DONALD R. CARHART

SHIRAEVA. CARHART

itness # I/Signature

SherLYNN Cast

Witness #1 Printed Name

Witness #2) Printed Name

OFFICIAL SEALSHERLYNN COSTA

NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 04/23/06

Sheelyne Costa

OFFICIAL SEAL SHERLYNN COSTA OTAN PUBLIC STATE OF REMODE

Shalyn Costa

Date/Time Field Aug 8, 2016

Submit by Email

Print\*

# **Accurate Auto Appraisals**

S. James Thousand
International Automotive Appraisers Association
License # 952326
4112 Country Club Blvd. Cape Coral Fl. 33904
Office # 239-540-4800 Toll Free Fax 1-866-850-3935
Email jim@540-4800.com

# Prepared Exclusively for

Name	Chris Carha	rt		
Address	cecarhart@c	arhartintl.co	m.cn	
City		State	Zip Code	
Country	U.S.A.			





#### Accurate Auto Appraisal

### **Vehicle Information**

Vehicle:

2012 Audi A4 Sedan 4D 2.0T Premium

2.0L 14 Turbo Auto

Region:

Southeastern

Period:

August 8, 2016

VIN:

WAUAFAFLXCN001784

Mileage:

20,062

Base MSRP:

22 500

Typically Equipped MSRP:

Calaataal Outlana

\$34,825

Weight:

3,505

### NADA Used Cars/Trucks Values

Auction* Low	<b>Ba</b> se \$8,975	Mileage Adj. \$3,625	Option Adj. \$0	Adjusted Value <b>\$12,600</b>
Average	\$12,325	\$3,625	\$0	\$15,950
High	\$15,700	\$3,625	\$0	\$19,325
Trade-In				
Rough	\$11,050	\$3,500	\$0	\$14,550
Average	\$12,500	\$3,500	\$0	\$16,000
Clean	\$13,700	\$3,500	\$0	\$17,200
Clean Loan	\$12,350	\$3,500	\$0	\$15,850
Clean Retail	\$16,225	\$3,500	\$0	\$19,725

<sup>\*</sup>The auction values displayed include typical eqiupment and adjustments for mileage and any of the following applicable accessories: engine size, drivetrain, and trim.

Selected uptions	Trade-In/Loan	Retail
Power Sunroof	w/body	w/body
W/out Power Seat	w/body	w/body

	int Form	, 2016	411	License i	#952326, :lub Blvd.,	o Appraiso (239) 540 Cape Cor Appraisa	als 0-4800 al, FL 33904 Il Services	Submit by Email
ar	2012	Make	Audi		·• <u>-</u> -	Model A	4 Premium 2.0T 4dr sed.	
า#	wauafaflxcni		<u> </u>	Trans. oil	Ok			power steer.
iles	20,062			Battery	ок		Sun roof     Sun roof	power mirror
	2.0 Turbo			Radiator	Ok		convertible	power seats
igine	2.0 10100			100.010	<u></u>		T-top	power windo
olor	Gray			Brake reservoir	Ok		M AM/FM	power locks
ansmiss	Auto			Emmissions	Intact		Stereo	power trunk
n	Auto						DAD/CD	
terior	Leather			Motor oil	Ok		glass tint	
everal m ut brak	ninor scratche es show scori	es / dings t ng with su	o be repai rface rust i	red along with a in the deeper w	a mild hit to i rear areas. Th	front plastic i	eed only a retail make rea oumper cover distorting o or routine Audi maintaine	out of Higher They are mg.
everal m out brak	ninor scratche es show scori	s / dings t ng with su \$ 19,725 - \$ 3,200	o be repai rface rust .00 Adjust .00 Appro	red along with a in the deeper w	a mild hit to be ar areas. The s. s. ke ready // b	e car is due f	outliber cover distorting i	ence.
oTSCL Ind cur pprais purchas	AIMER: Trent regional is to sain and settings and settings are assisted.	\$ 19,725 - \$ 3,200 \$ 16,525  This is a conal sale supply yelling decactions	o be repair face rust in 00 Adjust .00 Appro .00 Retain s data, you, the cisions. as a re	red along with a in the deeper we sed for low mile priate retail ma I value in currer sed opinion subject to be consumer. We at A consumer as the consumer as	of value, the dynar, with the	based on nic forces e factual AUTO AP. Every on missions.	our many years of in the market-pla information needs	ence.
I.A.D.A.  I.A.D.A.  I.A.D.A.  I.A.D.A.  I.A.D.A.	AIMER: Tretail value @	\$ 19,725 - \$ 3,200 \$ 16,525  This is a conal sale supply yelling decartions ume no it, or fra	on be repair face rust in a construction of the construction of th	sed opinion subject to c consumer, We at AC esult of this bility for er	of value, the dynar, with th CURATE appraisal rors or or	based on nic forces e factual AUTO AP. Every on missions.	our many years of in the market-pla information needs	automotive experience. The intent of the document of the docum

Fil	l in this inf	ormation to	identify your o	case:					
Del	btor 1	Chris	E.	Carhart					
		First Name	Middle Name						
	btor 2 bouse, if filing)	First Name	Middle Name	Last Name					
			or the: MIDDLE I	DISTRICT OF FLO	RID/	A		Charle if their in an	
	se number							Check if this is an amended filing	
	known)							, and the second	
Offi	icial Form	106C							
Scl	hedule C:	The Prop	erty You Cl	aim as Exemp	ot				04/16
Using spac	g the property e is needed, fi	you listed on So	chedule A/B: Prope to this page as m	erty (Official Form 10	6A/B)	as your so	ource, list the	esponsible for supplying correct informed e property that you claim as exemp ssary. On the top of any additional	t. If more
is to exen recei exen prop	state a speci npted up to th ive certain be nption of 100% erty is detern	fic dollar amoune amount of an nefits, and tax- % of fair market nined to exceed	nt as exempt. Alt ny applicable stat exempt retiremer t value under a la d that amount, yo	ternatively, you may utory limit. Some ex nt fundsmay be unl	claii cemp imite mpti	m the full fa tionssuc ed in dollar on to a par	air market v h as those t amount. H ticular doll	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an ar amount and the value of the le statutory amount.	
		-	-	се =летре					
1.		-	you claiming?	Check one only,			·	with you.	
			nd federal nonban exemptions. 11 U	kruptcy exemptions.	11 U	.S.C. § 522	(b)(3)		
	_								
2.	For any prop	erty you list on	Schedule A/B th	at you claim as exer	npt, 1	fill in the in	formation I	below.	
	-	of the property lists this prope		Current value of the portion you own	Amount of the exemption yo			Specific laws that allow exemp	tion
				Copy the value from Schedule A/B		eck only on th exemption			
Brief	description:			\$134,662.00		\$269	325.00	Fla. Const. art. X § 4(a)(1); F	la Stat
	Seaview Co	urt		Ψ104,002.00			air market	Ann. §§ 222.01, .02	ia. Otat.
	nestead					value, up	•		
-	<b>V \$269,325)</b> from <i>Schedule</i>	Λ/D· <b>11</b>				applicable	statutory		
		e A/B: <b>1.1</b>	_						
	description:  2 White Eagl	o Drivo		\$799,000.00	$\overline{\Delta}$		00.00	11 U.S.C. § 522(b)(3)(B)	
	z wille Eagi ne in IL	e Drive				value, up	air market to any		
(TEN	NANTS BY T	HE ENTIRETI	ES NON			applicable	•		
	TION 541 PI					limit			
Line	from Schedule	e A/B: <b>1.2</b>	_						
	-	_	•	more than \$160,3751					
	(Subject to ad	justment on 4/0°	1/19 and every 3 y	ears after that for cas	es fi	iea on or af	ter the date	or adjustment.)	
	□ No			Character and the second		045		that the area of	
	✓ No		e property covered	by the exemption wit	nın 1	,∠15 days k	etore you fi	lied this case?	
	☐ Yes								

### Case 9:16-bk-06499-FMD Doc 14 Filed 08/29/16 Page 15 of 48

Debtor 1	Chris	E.	Carhart		Case number (if known)			
	First Name	Middle Name	Last Name					
Part 2:	Additional	Page						
	ription of the pro A/B that lists this		Current value of the portion you own	portion you exemption you claim		Specific laws that allow exemption		
			Copy the value from Schedule A/B	Check only one box for each exemption				
SEE APP	•		\$16,525.00	100° valu	\$1,000.00 % of fair market e, up to any icable statutory	Fla. Stat. Ann. § 222.25(1)		
furnishin (FMV \$4,2	est in Householo gs, appliances,	books & pictures	\$2,109.00	valu	\$999.00 % of fair market e, up to any icable statutory	Fla. Const. art. X, § 4(a)(2)		
	ription: e insurance pol Schedule A/B:	-	Unknown	valu	\$0.00 % of fair market e, up to any icable statutory	Fla. Stat. Ann. § 222.13		
Brief descr Personal Line from S	papers	53	\$1.00	valu	\$1.00 % of fair market e, up to any icable statutory	Fla. Const. art. X, § 4(a)(2)		

<b></b>									
	ormation to ide								
Debtor 1	Chris First Name	E. Middle Name	Carhart  Last Name						
Debtor 2									
(Spouse, if filing)	First Name	Middle Name	Last Name						
United States Ba	nkruptcy Court for th	e: MIDDLE DIST	RICT OF FLORIDA						
Case number (if known) Check if this is an amended filing									
Official Form	106D								
Schedule Da	Creditors W	ho Have Cla	aims Secured by	y Property		12/15			
correct information On the top of any  1. Do any credit No. Che Yes. Fill	<ul> <li>No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.</li> <li>✓ Yes. Fill in all of the information below.</li> </ul>								
2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  Column Amount Am					Column B Value of collateral that supports this claim	Column C Unsecured portion If any			
2.1		Describe the secures the	e property that claim:	\$460,000.00	\$799,000.00				
Bank of America Creditor's name	a	3562 White	Eagle Drive						
PO Box 31785 Number Street									
Tampa City  Who owes the del  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and D  ☐ At least one of  ☐ Check if this of   to a communi  Date debt was inc	Debtor 2 only the debtors and and claim relates ty debt	Continge  85 Unliquida Disputed Nature of lie An agree Statutory Judgmen Other (in	ated	s mortgage or secured	car loan)				

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

Add the dollar value of your entries in Column A on this page. Write

\$460,000.00

\$460,000.00

that number here:

Fill in this inf	ill in this information to identify your case:							
Debtor 1	Chris	E.	Carhart					
	First Name	Middle Name	Last Name					
Debtor 2	F:N	Art III Al						
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bar	nkruptcy Court fo	or the: MIDDLE DISTE	RICT OF FLORIDA					
Case number								
(if known)								

#### Official Form 106E/F

#### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1.	Do any	creditors	have	priority	unsecured	claims	against	vou?

✓ No. Go to Part 2.

✓ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim Priority Nonpriority amount amount

Debtor 1	Chris	E.	Carhart	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	List All of	Your NONPRIORI	TY Unsecured Claim	ıs	
0 D					
			ed claims against you?		
	No. You have not Yes	thing to report in this pa	rt. Submit this form to the	court with you other schedules.	
If a c	reditor has more to of claim it is. Do r	han one nonpriority uns not list claims already in	ecured claim, list the cred cluded in Part 1. If more t	er of the creditor who holds each claim.  itor separately for each claim. For each claim lis  han one creditor holds a particular claim, list the  the Continuation Page of Part 2.	•
					Total claim
4.1					\$2,243,621.00
	w Group LLC		Last 4 digits of accor	ınt number	
PO Box	Creditor's Name 170887		When was the debt in	ncurred?	
Number	Street		<u> </u>	e, the claim is: Check all that apply.	
Milwauk	00	WI 53217	Disputed		
City	<del></del>	State ZIP Code	Type of NONPRIORI	ΓY unsecured claim:	
	rred the debt? r 1 only	Check one.	Student loans		
<u>-</u>	r 2 only			g out of a separation agreement or divorce	
Debto	r 1 and Debtor 2 o		· ·	port as priority claims or profit-sharing plans, and other similar debts	
_	st one of the debt		Other. Specify		
_	m subject to offs	or a community debt			
No No	in subject to ons	et :			
Yes					
4.2					Unknown
	Halaska Int'l LL	C/Halaska Int't	Last 4 digits of accor	unt number 0 4 1 2	
Nonpriority (	Creditor's Name	ion iaiaona iii t	When was the debt in	<u> </u>	
Number	Law Group Street		As of the date you fil	e, the claim is: Check all that apply.	
PO Box	596		Contingent		
			Unliquidated Disputed		
Lake Blu	ıff	IL 60044 State ZIP Code			
City Who incu	rred the debt?	State ZIP Code Check one.	Type of NONPRIORIT	Y unsecured claim:	
	r 1 only			g out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2 o	only	that you did not re	port as priority claims	
_	st one of the debte	•	<b>=</b> ~ ~ ~	or profit-sharing plans, and other similar debts	
_	k if this claim is f	or a community debt			
Is the clai	m subject to offs	set?			
✓ No ☐ Yes					

Debtor 1	Chris First Name	<b>E.</b> Middle Name	Carhart Last Name	Case number (if known)	
Part 2:	Your NO	NPRIORITY Unsecu	ıred Claims Contir	nuation Page	
After listir	• •	n this page, number the	em sequentially from the		Total claim
4.3					Unknown
Chris Ha	laska		Last 4 digits of accou	unt number	
	Creditor's Name	1.0	When was the debt in	ncurred?	
Number	Law Group, L Street	LC	As of the date you file	e, the claim is: Check all that apply.	
P.O. Box	596		Contingent		
			Unliquidated		
Lake Blu	iff	IL 60044	Disputed		
City	rrad the debt?	State ZIP Code	Type of NONPRIORIT	ΓY unsecured claim:	
	rred the debt? r 1 only	Check one.	Student loans		
	r 2 only		□ ·	g out of a separation agreement or divorce port as priority claims	
Debto	r 1 and Debtor 2	•	-	or profit-sharing plans, and other similar debts	
ш	st one of the deb		Other. Specify		
_		for a community debt			
	m subject to off	set?			
✓ No ☐ Yes					
4.4					Unknown
	International,	LLC	Last 4 digits of accou	unt number	
	Creditor's Name Law Group, L	LC	When was the debt in	ncurred?	
Number	Street	-	As of the date you file	e, the claim is: Check all that apply.	
P.O. Box	396				
-			Disputed		
Lake Blu City	ıff	IL 60044 State ZIP Code	— <u> </u>		
•	rred the debt?	Check one.	Type of NONPRIORIT	TY unsecured claim:	
<b>☑</b> Debto	r 1 only		Student loans  Obligations arising	g out of a separation agreement or divorce	
<b>-</b> .	r 2 only	1.	<b></b>	port as priority claims	
_	r 1 and Debtor 2 st one of the deb	•	<u> </u>	or profit-sharing plans, and other similar debts	
_		for a community debt	✓ Other. Specify		
	m subject to off				
No No	σαυμού το σ	5611			
Yes					
4.5					
	9 Culhartaan	LLD	Loot 4 digits of soco	int number	Unknown
	Creditor's Name	, LLP	Last 4 digits of account When was the debt in		
222 N. Ĺa	aSalle Street, S	Suite 300			
Number	Street		Contingent	e, the claim is: Check all that apply.	
			Unliquidated		
Chicago		IL 60601	Disputed		
Chicago City		State ZIP Code	Type of NONPRIORIT	TY unsecured claim:	
	rred the debt?	Check one.	Student loans		
<b>=</b> 5.1	r 1 only r 2 only		<b></b>	g out of a separation agreement or divorce	
_	r 1 and Debtor 2	only	•	port as priority claims	
_	st one of the deb	•	Other. Specify	or profit-sharing plans, and other similar debts	
☐ Check	k if this claim is	for a community debt	<u>v</u>		
	m subject to off	set?			
✓ No					
☐ Yes					

Debtor 1	Chris First Name		E. Middle Name	Carhart  Last Name	Ca	ase num	nber (if	known)			
Part 2:		NPRIO		red Claims Con	tinuation Pa	ge					
previous p	• .	on this p	eage, number the	m sequentially from t	he					Total claim	
Internal Revenue Service Nonpriority Creditor's Name PO Box 7346 Number Street				When was the deb							
Philadelphia  PA 19101-7346  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes			Type of NONPRIOR  Student loans Obligations aris that you did not Debts to pension Other. Specify								

Debtor 1	Chris	E.	Carhart	Case number (if known)	
	First Name	Middle Name	Last Name		

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00	
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00	
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00	
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. <b>-</b>	\$0.00	
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$0.00	
			Total claim		
Total claims from Part 2	6f.	Student loans	6f.	\$0.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims		6g.	\$0.00	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00	
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	<sup>6i.</sup> <b>-</b>	\$2,243,621.00	
	6j.	Total. Add lines 6f through 6i.	6j.	\$2,243,621.00	

Fill in this inf	ormation to ider			
Debtor 1	Chris	E.	Carhart	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the			
Case number				Check if this is an
(if known)				 amended filing

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
  is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
  executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

					•	
Fil	ll in this info	ormation to i	dentify your case:			
De	btor 1	Chris	E.	Carhart		
		First Name	Middle Name	Last Name		
	btor 2					
(Sp	oouse, if filing)	First Name	Middle Name	Last Name		
Un	ited States Bar	nkruptcy Court fo	r the: MIDDLE DISTE	RICT OF FLORIDA		
Ca	se number				☐ Check if this is an	
(if I	known)				amended filing	
					_	
Off	icial Form	106H				
		Your Code	obtors			12/15
30	nedule n.	Tour Cou	entors			12/13
need page	ded, copy the A	Additional Page	, fill it out, and numbe al Pages, write your na	r the entries in the boxes on	the left. Attach the Additional Page to this wn). Answer every question.  See as a codebtor.)	
2.		-	-		(Community property states and territories as, Washington, and Wisconsin.)	
	No. Go to			and South and Proposition of the Co	2	
	☐ Yes. Dia	your spouse, for	mer spouse, or legal e	quivalent live with you at the tir	ne?	
	☐ Yes					
3.	In Column 1, person show creditor on S	n in line 2 again chedule D (Offic	as a codebtor only if	that person is a guarantor or dule E/F (Official Form 106E/	or if your spouse is filing with you. List the cosigner. Make sure you have listed the F), or <i>Schedule G</i> (Official Form 106G). Use	
	Column 1:	Your codebtor			Column 2: The creditor to whom you owe the	debt

Check all schedules that apply:

13	II in this inform	ation to identify	v vour case:					
	Debtor 1	Chris	E.	Carhart				
'	Jenior i	First Name	Middle Name	Last Name			Che	ck if this is:
	Debtor 2	<del></del>						An amended filing
	Spouse, if filing)	First Name	Middle Name	Last Name			П	A supplement showing postpetition
	Jnited States Bankr	uptcy Court for the:	MIDDLE DIS	TRICT OF FLOR	IDA			chapter 13 income as of the following date
1	Case number (if known)				_			MM / DD / YYYY
Of	ficial Form 10	61						WIII., 25, 1111
Sc	hedule I: You	ur Income						12/1
incl abo you	ude information ab ut your spouse. If r name and case n	out your spouse. I	If you are separ ded, attach a se Answer every c	ated and your spender	ouse is	s not filing w	ith y	spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your employ	yment		Debtor 1				Debtor 2 or non-filing spouse
	If you have more th		vmont otatus					<u></u>
	job, attach a separ- with information ab		yment status	<ul><li>✓ Employed</li><li>✓ Not employ</li></ul>	ed			<ul><li>☐ Employed</li><li>✓ Not employed</li></ul>
	additional employe	rs. Occup	ation					
	Include part-time, s or self-employed w		yer's name					
	Occupation may in student or homema applies.	p.o	yer's address	Number Street				Number Street
				City		State Zip Co	de	City State Zip Code
		Have la		•				
_		HOW IC	ong employed t	nere?				
P	art 2: Give D	etails About Mo	onthly Incom	е				
				n. If you have noth	ing to	report for an	y line	, write \$0 in the space. Include your
If yo	-filing spouse unless ou or your non-filing on need more space, a	spouse have more t	han one employ	er, combine the inf	ormati	on for all emp	oloyeı	rs for that person on the lines below. If
, 50	34 0 0 0 0 0 0 0 0					For Debtor	1	For Debtor 2 or non-filing spouse
			nd commission	s (before all	2.	\$0	0.00	\$0.00
2.	List monthly gros payroll deductions) would be.	s wages, salary, ar . If not paid monthly					<del>,,,,,,</del>	
2. 3.	payroll deductions) would be.		y, calculate what		3. +		0.00	\$0.00

Official Form 106l Schedule I: Your Income page 1

Deb	tor 1	Chris	E	Carhart			Case nu	ımbeı	(if known)			
		First Name	Middle Name	Last Name		For Debto	or 1		or Debtor 2 on-filing sp		_	
	Сор	y line 4 here			4.		\$0.00		\$0	.00	_	
5.	List	all payroll ded	luctions:									
	5a.	Tax, Medicar	e, and Social Security deduct	tions	5a.	;	\$0.00		\$0	.00		
	5b.	Mandatory co	ontributions for retirement pla	ans	5b.	;	\$0.00		\$0	.00		
	5c.	Voluntary cor	ntributions for retirement pla	ns	5c.	;	\$0.00		\$0	.00		
	5d.	Required repa	ayments of retirement fund lo	oans	5d.	;	\$0.00		\$0	.00		
	5e.	Insurance			5e.		\$0.00		\$0	.00		
	5f.	Domestic sup	port obligations		5f.		\$0.00		\$0	.00		
	5g.	Union dues			5g.		\$0.00		\$0	.00		
	5h.	Other deduct Specify:	ions.		5h.	+ <u> </u>	\$0.00		\$0	.00		
6.		<b>I the payroll de</b> - 5h.	eductions. Add lines 5a + 5b	o + 5c + 5d + 5e + 5f +	6.		\$0.00		\$0	.00		
7.				otract line 6 from line 4.	7.		\$0.00		\$0	.00		
8.			me regularly received: com rental property and from	operating a	8a.		¢0 00		¢.o			
	oa.	business, pro	ofession, or farm		oa.		<u>\$0.00</u>		<u> </u>	0.00		
		gross receipts	ment for each property and bus , ordinary and necessary busin nly net income.	•								
	8b.	Interest and o	lividends		8b.		\$0.00		\$0	.00		
	8c.		rt payments that you, a non- gularly receive	filing spouse, or a	8c.		\$0.00		\$0	0.00		
			ny, spousal support, child supp ment, and property settlement.	ort, maintenance,								
	8d.	Unemployme	nt compensation		8d.	:	\$0.00		\$0	.00		
	8e.	Social Securi	ty		8e.		\$0.00			.00		
	8f.	Other govern	ment assistance that you reg	ularly receive								
		cash assistan	assistance and the value (if kno ce that you receive, such as fo or the Supplemental Nutrition A posidies.	od stamps								
		Specify:			8f.		\$0.00		\$0	.00		
	_	Pension or re Other monthl	tirement income		8g.	- ;	\$0.00		\$0	.00		
	011.	Specify:	y moome.		8h.	·	\$0.00		\$0	.00_		
9.	Add	l all other inco	me. Add lines 8a + 8b + 8c +	8d + 8e + 8f + 8g + 8h.	9.		\$0.00		\$0	0.00		
10.			income. Add line 7 + line 9. ine 10 for Debtor 1 and Debtor	2 or non-filing spouse.	10.		\$0.00	+	\$0	0.00	=	\$0.00
11.	Inclu frier	ude contribution nds or relatives.	ular contributions to the exp ns from an unmarried partner, r amounts already included in lin	nembers of your househ	old, y	our depend	.,		,			
	Spe	cify:								11.	+	\$0.00
12.	Add	I the amount ir	the last column of line 10 to	the amount in line 11.	The	esult is the	combin	ed m	onthly	12.		\$0.00
		ome. Write that applies.	amount on the Summary of Yo	our Assets and Liabilities	s and	Certain Sta	tistical Ir	nform	ation,		Combi	ined ly income
13.		you expect an No.	increase or decrease within	the year after you file t	his fo	rm?						
		Yes. Explain:	None.									

F	ill in this inform	nation to identi	fy your case:			Oh a		:		
	Debtor 1	Chris	E.	Carhar	-1		ck if this	ns: ended filing		
	Debior 1	First Name	Middle Name	Last Nam			A supp	lement showing		
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Nam	ne		followin	· 13 expenses a g date:	is of the	
	United States Bankr	uptcy Court for the:	MIDDLE DIST	RICT OF FLO	ORIDA		MM / D	D / YYYY		
	Case number (if known)									
O	fficial Form 10	)6J								
So	chedule J: Yo	our Expense	S						12	/15
coi nai	rect information. In	f more space is ne	eded, attach anoth wer every question	er sheet to th	ng together, both are is form. On the top					
1.	Is this a joint cas	e?								
2.	_ No	s. Debtor 2 must file endents?	e Official Form 106. No Yes. Fill out this ir	J-2, Expenses	for Separate Househ  Dependent's relation  Debtor 1 or Debtor	onshi		2. Dependent's age	Does depend live with you	
	Debtor 2.	T dild	for each depender	nt	Spouse			age	□ No	
	Do not state the de names.	ependents'							Yes No Yes No No No	
									Yes No	
									No Yes	
3.	Do your expense expenses of peop yourself and your	ole other than	✓ No ☐ Yes						_	
P	art 2: Estima	ate Your Ongoi	ng Monthly Exp	oenses						
to ı		of a date after the			e using this form as supplemental Sched					
	lude expenses paid th assistance and h		•	•				Your expens	ses	
4.		ne ownership expe	•				4	1		
	If not included in		-							
	4a. Real estate ta	axes					4	ła		
	4b. Property, hon	neowner's, or renter	's insurance				4	1b	\$442.	00_
	4c. Home mainte	nance, repair, and	upkeep expenses				4	1c		
	4d. Homeowner's	s association or con	dominium dues				4	1d.		

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Carhart

Deb	tor 1	Chris	E. Middle Name	Carhart	Case number (if known)	
		First Name	Middle Name	Last Name	V	
					Your expens	ses
5.	Add	itional mortgage	e payments for your resid	lence, such as home equity loans	5.	
6.	Utili	ties:				
	6a.	Electricity, heat,	, natural gas		6a	\$60.00
	6b.	Water, sewer, g	arbage collection		6b	
	6c.	Telephone, cell cable services	phone, Internet, satellite, a	nd	6c	\$168.00
	6d.	Other. Specify:	_		6d.	
7.	Foo	d and housekee	ping supplies		7.	\$500.00
8.	Chil	dcare and child	ren's education costs		8.	
9.	Clot	hing, laundry, a	nd dry cleaning		9.	
10.	Pers	sonal care produ	ucts and services		10.	\$50.00
11.	Med	lical and dental	expenses		11.	
12.		nsportation. Incl Do not include	lude gas, maintenance, bus car payments.	s or train	12.	\$70.00
13.		ertainment, club jazines, and boo	s, recreation, newspapers	s,	13.	
14.	Cha	ritable contribut	tions and religious donati	ons	14.	
15.		irance.				
				ay or included in lines 4 or 20.		
	15a.				15a	\$355.00
	15b.				15b	\$494.00
	15c.				15c	\$90.00
4.0	15d.		ce. Specify: Flood	average as in abode d in linear 4 as 20	15d	\$250.00
16.	Taxe Spe	cify: Property	•	our pay or included in lines 4 or 20.	16.	\$260.00
17.	Inst	allment or lease	payments:			
	17a.	Car payments	for Vehicle 1		17a	
	17b.	Car payments	for Vehicle 2		17b	
	17c.	Other. Specify	y:		17c	
	17d.	Other. Specify	y:		17d	
18.				I support that you did not report as , Your Income (Official Form 106I).		
19.			u make to support others	who do not live with you.		
	Spe	city:			19.	

Debtor 1 Chris

E.

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Deb	tor 1	Chris	E.	Carhart	Case number (if know	/n)
		First Name	Middle Name	Last Name		
20.		er real property e edule I: Your Inc		lines 4 or 5 of this form or o	on	
	20a.	Mortgages on o	ther property		20a.	\$1,725.00
	20b.	Real estate tax	es		20b.	\$1,477.00
	20c.	Property, home	owner's, or renter's insura	nce	20c.	
	20d.	Maintenance, re	epair, and upkeep expens	es	20d.	
	20e.	Homeowner's a	ssociation or condominiu	m dues	20e.	
21.	Othe	er. Specify: Sec	e continuation sheet		21.	+\$665.00
22.	Calc	ulate your mont	nly expenses.			
	22a.	Add lines 4 thro	ough 21.		22a.	\$6,606.00
	22b.	Copy line 22 (m	nonthly expenses for Deb	or 2), if any, from Official Forr	n 106J-2. 22b.	
	22c.	Add line 22a ar	nd 22b. The result is you	monthly expenses.	22c.	\$6,606.00
23.	Calc	ulate your mont	nly net income.			
	23a.	Copy line 12 (y	our combined monthly inc	ome) from Schedule I.	23a.	\$0.00
	23b.	Copy your mon	thly expenses from line 2	2c above.	23b.	\$6,606.00
	23c.		nonthly expenses from your monthly net income.	ur monthly income.	23c.	(\$6,606.00)
24.	Do y	ou expect an inc	rease or decrease in yo	ur expenses within the year	after you file this form?	
				your car loan within the year or modification to the terms of yo	or do you expect your mortgage our mortgage?	
	$\overline{\mathbf{V}}$	No				
		Yes. Explain her	e:			
		Tronc.				

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Debtor 1 Chris	E		Carhart	Case number (if know	m)
First Na	me Mi	ddle Name	Last Name		
21. Other. Spe	cify:				
Electricity					\$375.00
Water and	sewer/Naperville	e IL			\$120.00
Personal	are				\$50.00
Medical &	dental				\$60.00
Transport	ation				\$60.00
				Total:	\$665.00

F	ill in this inf	ormation to i	dentify your case:			
D	ebtor 1	Chris First Name	E. Middle Name	Carhart Last Name	-	
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name	-	
U	nited States Bar	nkruptcy Court fo	r the: MIDDLE DISTF	RICT OF FLORIDA	_	
	ase number f known)				☐ Check i	f this is an ed filing
Of	ficial Form	106Sum				J
			ets and Liabilit	ies and Certain Sta	tistical Information	12/15
cor sch	rect informatio nedules after yo	n. Fill out all of	your schedules first; inal forms, you must f	then complete the informati	, both are equally responsible for on this form. If you are filing check the box at the top of this	g amended
						Your assets Value of what you own
1.	Schedule A/B	: Property (Officia	al Form 106A/B)			,
	1a. Copy line	e 55, Total real es	state, from Schedule A/	В		\$933,662.00
	1b. Copy line	e 62, Total persor	nal property, from Sche	dule A/B		\$276,709.00
	1c. Copy line	e 63, Total of all p	property on Schedule A	/B		\$1,210,371.00
P	art 2: Sui	mmarize You	r Liabilities			
						Your liabilities Amount you owe
2.				Property (Official Form 106D) claim, at the bottom of the la	) st page of Part 1 of Schedule D	\$460,000.00
3.				s (Official Form 106E/F) red claims) from line 6e of Sc	hedule E/F	\$0.00
	3b. Copy the	total claims from	n Part 2 (nonpriority uns	ecured claims) from line 6j of	Schedule E/F	+ \$2,243,621.00
					Your total liabilities	\$2,703,621.00
P	art 3: Sui	mmarize You	r Income and Exp	enses		
4.		our Income (Officential of the comment of the comme		Schedule I		\$0.00
5.	Schedule J: Y	our Expenses (C	Official Form 106J)			¢e ene no

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Deb	otor 1	Chris	Е.	Carhart	Case numb	ber (if known)	
Р	art 4	First Name  Answer T	Middle Name These Questions for	Last Name  or Administrative ar	nd Statistical Reco	rds	
6.	Are	you filing for ban	kruptcy under Chapte	rs 7, 11, or 13?			
				art of the form. Check th	is box and submit this fo	orm to the court with yo	our other schedules.
7.	Wha	at kind of debt do	you have?				
			•	bts. Consumer debts are	•		a personal,
		Your debts are n		r debts. You have nothin	-		s box and submit
8.				Ily Income: Copy your to Line 11; OR, Form 1220	•	me from	
9.	Сор	by the following sp	pecial categories of cla	aims from Part 4, line 6	of Schedule E/F:		
						Total claim	
	Fro	m Part 4 on <i>Sche</i>	dule E/F, copy the follo	owing:			
	9a.	Domestic support	obligations. (Copy line	e 6a.)			_
	9b.	Taxes and certain	n other debts you owe th	ne government. (Copy lin	ne 6b.)		_
	9c.	Claims for death	or personal injury while	you were intoxicated. (C	opy line 6c.)		_
	9d.	Student loans. (C	Copy line 6f.)				_
	9e.	Obligations arisin priority claims. (C		greement or divorce that y	ou did not report as		_
	9f.	Debts to pension	or profit-sharing plans,	and other similar debts.	(Copy line 6h.)	+	<u> </u>
	9g.	Total. Add lines	9a through 9f.				_

Fill in this inf	ormation to i	dentify your case:		
Debtor 1	Chris	E.	Carhart	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	Firet Name	Middle Name	Last Name	_
United States Bar	nkruptcy Court fo	or the: MIDDLE DISTE	RICT OF FLORIDA	_
Case number (if known)	-			☐ Check if this is an
(II KIIOWII)				amended filing
Official Form	106Dec			
Declaration	About an I	ndividual Debt	or's Schedules	12/15
If two married peo	pple are filing too	gether, both are equal	ly responsible for supplying	ng correct information.
				edules. Making a false statement,
			/ fraud in connection with 18 U.S.C. §§ 152, 1341, 15′	a bankruptcy case can result in fines up to
φ200,000, οι πιρι	somment for up	to 20 years, or both.	10 0.0.0. 33 102, 1041, 10	is, and corn.
Oi -	Dala			
Sig	n Below			
Did you pay o	or agree to pay s	someone who is NOT	an attorney to help you fill	out bankruptcy forms?
<b>⋈</b> No				
☐ Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice,
				Declaration, and Signature (Official Form 119).
Under penalty true and corre		eclare that I have read	the summary and schedul	les filed with this declaration and that they are
true and corr	<del>.</del>			
Y /s/ Chris	F Carhart		Y	

Signature of Debtor 2

MM / DD / YYYY

Date

Chris E. Carhart, Debtor 1

MM / DD / YYYY

Date 08/24/2016

Fill in this in	oformation to	identify your case	:		
Debtor 1	Chris	E.	Carhart		
DCDIOI 1	First Name	Middle Name	Last Name	_	
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name	_	
United States B	ankruptcy Court fo	or the: MIDDLE DIST	RICT OF FLORIDA	_	
Case number (if known)				Check if this is an amended filing	
Official Forr	n 107				
		l Affairs for Ind	lividuals Filing for	Rankruntev	04/16
correct informat your name and o	ion. If more space case number (if k	ce is needed, attach a nown). Answer every	separate sheet to this form	er, both are equally responsible for supplying  n. On the top of any additional pages, write  Lived Before	
1. What is you  ☑ Married ☐ Not mar	r current marital	status?			
<b>☑</b> No	-		other than where you live n		
(Community				a community property state or territory? iisiana, Nevada, New Mexico, Puerto Rico, Texas,	
☑ No □ Yes. Ma	ake sure vou fill ou	ut Schedule H: Your Co	debtors (Official Form 106H	).	

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Deb	tor 1	Chris First Name	E. Middle Name	Carhart  Last Name	Case nui	mber (if known)	
Pa	art 2:	Explain th	e Sources of Y	our Income			
4.	Fill in the	ne total amount o	of income you rece ase and you have	nent or from operating a bu ived from all jobs and all bus income that you receive toge	inesses, including par	t-time activities.	endar years?
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		ary 1 of the curr u filed for bankı	-	Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips	
				Operating a business		Operating a business	
For	the last	calendar year:		Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips	
(Jan	uary 1 t	o December 31,	<b>2015</b> )	Operating a business		Operating a business	
For	the cale	endar year befo	re that:	✓ Wages, commissions, bonuses, tips	\$22,842.00	Wages, commissions, bonuses, tips	
(Jan	uary 1 t	o December 31,	<u>2014</u> )	Operating a business		Operating a business	
5.	Include unemp and ga Debtor  List eac	e income regardle loyment; and oth mbling and lotter 1. ch source and th	ess of whether that ler public benefit par ry winnings. If you e gross income fro	g this year or the two previ income is taxable. Example ayments; pensions; rental ind are in a joint case and you h om each source separately.	es of other income are come; interest; dividen ave income that you re	ds; money collected from law eceived together, list it only o	vsuits; royalties;
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ary 1 of the curr u filed for bankı	•	Rental income	\$4,100.00		
		calendar year: o December 31,	<b>2015</b> )				
		endar year befor o December 31,					

Debtor	-	Chris First Name	<b>E.</b> Middle Name	Carhart Last Name		Case number (if knov	vn)
Part			tain Payments You		ou Filed for Ba	nkruntev	
			's or Debtor 2's debts p			uptoy	
		Neither I	·	as primarily consun	ner debts. Consur		l in 11 U.S.C. § 101(8) as
		During th	e 90 days before you file	d for bankruptcy, did	you pay any credit	or a total of \$6,425*	or more?
		□ No. C	Go to line 7.				
		_	List below each creditor total amount you paid the child support and alimon	at creditor. Do not in	clude payments for	domestic support ob	oligations, such as
		* Subject	to adjustment on 4/01/19	and every 3 years a	after that for cases	filed on or after the d	ate of adjustment.
✓	Yes.	Debtor 1	or Debtor 2 or both have	e primarily consun	ner debts.		
		During th	e 90 days before you file	d for bankruptcy, did	you pay any credit	or a total of \$600 or r	more?
		□ No. C	Go to line 7.				
		_	List below each creditor to creditor. Do not include Also, do not include payr	payments for domes ments to an attorney	tic support obligation for this bankruptcy	ons, such as child su case.	oport and alimony.
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Bank (Creditor's PO Bo Number Tampa	s name ox 317 Stree	85	State ZIP Code	05/01/16, 06/01/16 & 07/01/16	\$5,175.00	\$460,000.00	Mortgage Car Credit card Loan repayment Suppliers or vendors Other
7. Wi	siders rporati gent, in ch as d	include you ons of whic cluding one child suppo	re you filed for bankrupt or relatives; any general p h you are an officer, direct	eartners; relatives of actor, person in contro	any general partner ol, or owner of 20%	rs; partnerships of whor more of their votin	who was an insider?  nich you are a general partner;  ng securities; and any managing  for domestic support obligations

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Debtor 1	Chris	E.	Carhart	Case number (if known)	
	First Name	Middle Name	Last Name		
	ո 1 year before you քնև ited an insider?	ed for bankruptcy, di	id you make any pa	ayments or transfer any property on account o	f a debt that
	e payments on debts g	uaranteed or cosigned	d by an insider.		
Ν	n				
ب	es. List all payments th	nat benefited an inside	er.		
_					
Dort 4	I doutify: I ough	Astions Donos	:		
Part 4:	identify Legal	Actions, Reposse	essions, and Fo	oreciosures	
				any lawsuit, court action, or administrative pro	-
	cations, and contract d		es, smail claims action	ons, divorces, collection suits, paternity actions, s	support or custody
	o es. Fill in the details.				
ر العا Case title		Nature of the o		Court or agency	Status of the case
Carhart-Halaska v Debtor		Judgment	ase	State of Wisconsin, Circuit Court	
		<b>g</b>		Court Name	Pending
				Number Street	On appeal
Case number 12 CV 000613				Number Street	☐ Concluded
				City State ZIP Cod	e
Case title		Nature of the o	ase	Court or agency	Status of the case
Carhart-Halaska Int't v Debtor		or		Circuit Court, 12th Judicial Circuit	, IL Panding
				Court Name	V renaing
				Number Street	On appeal
Case number 12L000412					Concluded
				City State ZIP Cod	e
Case title		Nature of the c	ase	Court or agency	Status of the case
Hinshaw	& Culbertson LLP	Foreclosure		Circuit Court, 12th Circuit, Kane C	o, IL
				Court Name	_
				Number Street	On appeal
Case numb	per 12 L 114				Concluded
				City State ZIP Cod	e

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Deb	tor 1	Chris	E	Carhart	Case number (if known)	
10.	seized,	First Name  I year before you to revied?  Ithat apply and fill			erty repossessed, foreclosed, garnished, attach	ed,
	س	Go to line 11 Fill in the informa	ition below.			
11.				uptcy, did any creditor, ind make a payment because	cluding a bank or financial institution, set off any you owed a debt?	,
	✓ No ☐ Yes	. Fill in the details.				
12.		-	-	tcy, was any of your prop ustodian, or another offici	erty in the possession of an assignee for the be	nefit of
	✓ No ☐ Yes					
Pa	art 5:	List Certain (	Gifts and Con	tributions		
13.	□ No	2 years before you . Fill in the details:		ptcy, did you give any gif	ts with a total value of more than \$600 per perso	n?
	s with a	total value of more	e than \$600	Describe the gifts Knife set	Dates you gave the gifts	Value
	in Carh	m You Gave the Gift			12/15	\$1,500.00
	Seavie	w Court				
		nd, FL 34145				
City		State	ZIP Code			
Pers	son's rela	tionship to you <b>Sp</b> e	ouse			
14.	Within 2 to any o		ı filed for bankru	ptcy, did you give any gif	ts or contributions with a total value of more that	n \$600
	✓ No ☐ Yes	. Fill in the details	for each gift or co	ontribution.		
Pa	art 6:	List Certain L	osses			
15.		l year before you f saster, or gamblir	-	tcy or since you filed for	bankruptcy, did you lose anything because of the	eft, fire,
	✓ No ☐ Yes	. Fill in the details.				

Deb	otor 1	Chris	E. Middle Name	Carhart	Case number (if k	known)	
		First Name		Last Name			
Р	art 7:	List Certai	n Payments or	Transfers			
16.				ptcy, did you or anyone else actin nkruptcy or preparing a bankruptc		or transfer any prop	erty to
	Include	e any attorneys, b	pankruptcy petition p	reparers, or credit counseling agend	cies for services requir	ed for your bankruptcy	/.
	□ No ☑ Ye	s. Fill in the deta	ails.				
	ler, Hol	llander & jeda		Description and value of any pro Attorneys fees \$2,000; filing		Date payment or transfer was made	Amount of payment
		dowlawn Drive	, Suite			07/27/16	\$2,335.00
Nun	nber St	reet	•	-			. ,
Na	ples, FL	_ 34112		-			
City		St	ate ZIP Code	-			
Ema	ail or webs	ite address		-			
Pers	son Who M	Made the Payment,	if Not You	-			
17.				ptcy, did you or anyone else actin vith your creditors or to make payı			erty to
	Do not	include any payr	ment or transfer that	you listed on line 16.			
	✓ No □ Ye	s. Fill in the deta	ails.				
18.		-	•	uptcy, did you sell, trade, or other se of your business or financial at		pperty to anyone, oth	er than
		-		s made as security (such as granting nave already listed on this statement	•	or mortgage on your p	roperty).
	□ No ✓ Ye	s. Fill in the deta	ails.				
		allas Esquire Received Transfer		Description and value of any property transferred  Advance payment retainer		roperty or payments ots paid in exchange	Date transfer was made 05/05/16
_		unrise Lane			,		
		reet s, IL 60172					
<u> </u>	Onanoc	5, 12 00112		-			
City		St	tate ZIP Code	-			
Per	son's rel	ationship to you		-			
19.				ruptcy, did you transfer any prope called asset-protection devices.)	erty to a self-settled to	rust or similar device	of which
	✓ No □ Ye	s. Fill in the deta	ails.				

Deb	tor 1	Chris E.		Carhart	Case number (it	Case number (if known)		
	First Name Middle Name		Middle Name	Last Name				
Pa	art 8:	List Certain	Financial Acc	counts, Instruments, Sa	afe Deposit Boxes, a	nd Storage Units		
20.		1 year before you , closed, sold, mo		ptcy, were any financial acc	ounts or instruments held	l in your name, or fo	r your	
				or other financial accounts; ce	ertificates of deposit; shares	in banks, credit unio	ns, brokerage	
	houses,	pension funds, co	operatives, asso	ciations, and other financial ir	nstitutions.			
	□ No ✓ Yes	s. Fill in the details	i.					
				Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
	nk of An	nerica cial Institution		_		or transferred		
INAIII	e oi Filiali	ciai iristitutiori		XXXX- <u>9</u> <u>6</u> <u>9</u> 6	Checking			
Num	ber Str	eet		_	☐ Savings ☐ Money market			
				-	Brokerage			
				Other				
City		State	ZIP Code	-				
Pá	<ul> <li>21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?</li> <li>No</li> <li>Yes. Fill in the details.</li> <li>22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?</li> <li>No</li> <li>Yes. Fill in the details.</li> <li>Part 9: Identify Property You Hold or Control for Someone Else</li> </ul>							
23.	-	hold or control a in trust for some		someone else owns? Inclu	ide any property you borr	owed from, are stori	ng for,	
	□ No	s. Fill in the details						
			Wh	ere is the property?	Describe the	property	Value	
	hart Inc				• •	omputer, server,	\$275.00	
	er's Name		25	12 White Eagle Drive	printer and	office furniture		
Num		E Eagle Drive		12 White Eagle Drive mber Street				
Nap	erville,	IL 60564	<u>Na</u>	perville, IL 60564				
<u>C:4</u>		State Z	ZID Codo	State ZII	D Codo			
City		Siale Z	IP Code City	State ZII	- Code			

Deb	otor 1	Chris	E.	Carhart	Case number (if known)				
		First Name	Middle Na	me Last Name					
P	art 10:	Give Details	About En	vironmental Information					
For	the purp	ose of Part 10, th	e following	definitions apply:					
■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.									
		-		operty as defined under any env ilize it, including disposal sites.	vironmental law, whether you now own, operate, or				
				n environmental law defines as a ant, contaminant, or similar item.	a hazardous waste, hazardous substance, toxic n.				
Rep	oort all n	otices, releases, a	nd proceed	ings that you know about, regard	rdless of when they occurred.				
24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?									
	✓ No ☐ Yes	. Fill in the details							
25.		ou notified any go	vernmental	unit of any release of hazardous	s material?				
	☑ No ☐ Yes. Fill in the details.								
26.	26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
	✓ No ☐ Yes	. Fill in the details							
P	art 11:	Give Details	About Yo	ur Business or Connectior	ns to Any Business				
27.	Within busines		u filed for ba	nkruptcy, did you own a busines	ess or have any of the following connections to any				
		A member of a lir A partner in a par An officer, director	mited liability tnership or, or managi	oyed in a trade, profession, or other company (LLC) or limited liability programming executive of a corporation evoting or equity securities of a corporation.					
		None of the abov . Check all that ap		o to Part 12. nd fill in the details below for each l	n business.				
	rhart Inc		_	Describe the nature of the busin Trade/brokerage	Employer Identification number  Do not include Social Security number or ITIN.				
	iness Nam				EIN: <u>3 6 - 3 3 9 3 2 9 4</u>				
	nber Str	Eagle Drive		Name of accountant or bookkee	eeper  Dates business existed				
Na	perville,	IL 60564		From 05/15 To					
<u>C:</u>		01-1-	ID Code						
City		State Z	IP Code						

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De	btor 1	Chris	E.	Carhart	Case number (if known)
		First Name	Middle Name	Last Name	
	all fin ☑ N □ Y	ancial institutions o es. Fill in the detail	s below.	• •	ial statement to anyone about your business? Include
ŀ	art 12	Sign Below			
tha pro or	nt answe operty b both. 1	ers are true and co by fraud in connec	orrect. I understand	that making a false state	tachments, and I declare under penalty of perjury ement, concealing property, or obtaining money or es up to \$250,000, or imprisonment for up to 20 years,
		. Carhart, Debtor 1		Signature of Deb	tor 2
		•		_	101 2
	Date _	08/24/2016		Date	<u></u>
Dic	d you at	tach additional pa	ges to Your Stateme	nt of Financial Affairs fo	r Individuals Filing for Bankruptcy (Official Form 107)?
	No Yes				
Dic	d you pa	ay or agree to pay	someone who is not	an attorney to help you	fill out bankruptcy forms?
	No				
	Yes. N	Name of person			Attach the Bankruptcy Petition Preparer's Notice,
					Declaration, and Signature (Official Form 119).

ormation to i	identify your case	:	
Chris First Name	E. Middle Name	Carhart Last Name	
First Name	Middle Name	Last Name	
nkruptcy Court fo	or the: MIDDLE DIST	RICT OF FLORIDA	
108			
	Chris First Name First Name nkruptcy Court fo	Chris E. First Name Middle Name  First Name Middle Name  nkruptcy Court for the: MIDDLE DIST	First Name Middle Name Last Name  First Name Middle Name Last Name  nkruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Hold Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.								
Identify the creditor and the property that is collateral		What do you intend to do with th property that secures a debt?	Did you claim the property as exempt on Schedule C?					
Creditor's name:	Bank of America	Surrender the property.  Retain the property and redee	No No Yes					
Description of property securing debt:	3562 White Eagle Drive	Retain the property and enter Reaffirmation Agreement.  Retain the property and [explain the property and property and preaffirming.						

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

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Debtor 1	Chris	E.	Carhart	Case number (if known)
	First Name	Middle Name	Last Name	
Part 3:	Sign Below			
		I declare that I have subject to an unexp	•	about any property of my estate that secures a debt and
X /s/ Ch	ris E. Carhart		X	
Chris E	E. Carhart, Debtor 1		Signature of Deb	otor 2
Date	08/24/2016		Date	
Ī	MM / DD / YYYY		MM / DD /	YYYY

Bank of America PO Box 31785 Tampa, FL 33631-3785

Cade Law Group LLC PO Box 170887 Milwaukee, WI 53217

Carhart-Halaska Int'l LLC/Halas c/o Cade Law Group PO Box 596 Lake Bluff, Il 60044

Chris Halaska c/o Cade Law Group, LLC P.O. Box 596 Lake Bluff, IL 60044

Halaska International, LLC c/o Cade Law Group, LLC P.O. Box 596
Lake Bluff, IL 60044

Hinshaw & Culbertson, LLP 222 N. LaSalle Street, Suite 30 Chicago, IL 60601

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Fill	in this	informat	ion to ide	ntify your case	:							
	tor 1	Chris		E.	Carhart							
		First Na	ame	Middle Name	Last Name							
	tor 2 ouse, if fi	ling) First Na	ame	Middle Name	Last Name							
Unit	ed State	s Bankruptc	v Court for th	e: MIDDLE DIST	RICT OF FLORIDA							
	e numbe		,									
	nown)					Check if this is an amended filing	g					
			A-1Supp	_								
Sta	temer	nt of Exe	emption	from Presur	nption of Abuse	Under § 707(b)(2)	12/15					
filing separ	togethe ate Forr	r, and any on 122A-1 if the little of the li	of the exclus you believe	ons in this statem that this is require f Debts You Ha	ent applies to only one o d by 11 U.S.C. § 707(b)(2 IVE	rate as possible. If two married people are of you, the other person should complete a (C).  1 U.S.C. § 101(8) as "incurred by an individual primal	rily for a					
ŗ	personal, family or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101).											
I	<b>√</b> No.			the top of page 1 of the top of page 1 of the the signed Fo		There is no presumption of abuse, and sign Part 3. TI	hen					
I	Yes	Go to Par	t 2.									
Par	rt 2:	Determin	ne Whethe	r Military Servi	ce Provisions Apply	to You						
2. /	Are you	a disabled v	/eteran (as d	efined in 38 U.S.C	. § 3741(1))?							
I	No.	Go to line	3.									
I	Yes	-		ostly while you were 32 U.S.C. § 901(1)	•	u were performing a homeland defense activity?						
		☐ No.	Go to line	3.								
		Yes.		•	o of page 1 of that form, ch with the signed Form 122A	neck box 1, <i>There is no presumption of abuse</i> , and signation.	n Part 3.					
3.	Are you	or have you	been a Res	ervist or member of	of the National Guard?							
I	☐ No.	Complete	Form 122A-	<ol> <li>Do not submit th</li> </ol>	is supplement.							
I	Yes	Were you	called to act	ive duty or did you	perform a homeland defen	se activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1	1)					
		No. Com	plete Form 1	22A-1. Do not sub	mit this supplement.							
		Yes. Chec	ck any one of	the following categ	ories that applies:							
				ive duty after Sept and remain on acti	• •	If you checked one of the categories to the left, go Form 122A-1. On the top of page 1 of Form 122A-						
		for at I		_	• •	box 3, <i>The Means Test does not apply now</i> and signer 3. Then submit this supplement with the signer 122A-1. You are not required to fill out the rest of C Form 122A-1 during the exclusion period. The exc	ed Form Official clusion					
		☐ I am p		homeland defense	e activity for at	period means the time you are on active duty or are performing a homeland defense activity, and for 54 afterward. 11 U.S.C. § 707(b)(2)(D)(ii).						
		least 9	<b>90 days</b> , end	eland defense act	, which is	If your exclusion period ends before your case is clud you may have to file an amended form later.	losed,					

F	ill in this in	formation to i	dentify your case:		Check one box only as directe				
D	ebtor 1	Chris	E.	Carhart	form and in Form 122A-1Supp				
		First Name	Middle Name	Last Name	1. There is no presumption of abuse.				
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name	2. The calculation to determine if a pre of abuse applies will be made unde Means Test Calculation (Official Fo	r Chapter 7			
U	nited States Ba	ankruptcy Court fo	or the: MIDDLE DISTE	RICT OF FLORIDA	3. The Means Test does not apply nov	,			
	ase number known)			of qualified military service but it could apply later.					
					Check if this is an amended filing				
Of	ficial Form	122A-1							
Cł	napter 7 S	tatement o	f Your Current	Monthly Income		12/1			
info are mili 122	ormation appli exempted fro itary service, o A-1Supp) with	es. On the top om a presumption complete and file in this form.	of any additional pages	, write your name and case u do not have primarily cor ion from Presumption of Al	ne line number to which the additional anumber (if known). If you believe that you assumer debts or because of qualifying buse Under § 707(b)(2) (Official Form				
			<u> </u>						
1.	What is your marital and filing status? Check one only.								
	Not married. Fill out Column A, lines 2-11.								
	Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.								
	Married and your spouse is NOT filing with you. You and your spouse are:								
	Liv	ing in the same	household and are not	legally separated. Fill out b	ooth Columns A and B, lines 2-11.				
	dec	clare under penal	ty of perjury that you and	d your spouse are legally sep	1; do not fill out Column B. By checking this bearated under nonbankruptcy law that applies of the Means Test requirements. 11 U.S.C. § 70	or that you			
	bankruptcy of August 31. If in the result.	case. 11 U.S.C. the amount of your document of your docum	§ 101(10A). For exampour monthly income variency income amount more	le, if you are filing on Septer ed during the 6 months, add	I during the 6 full months before you file thin the 15, the 6-month period would be March 1 the income for all 6 months and divide the total both spouses own the same rental property, pur line, write \$0 in the space.	through al by 6. Fill			
					Column A Column B  Debtor 1 Debtor 2 or non-filing spouse				
2.		wages, salary, tipy yroll deductions).	os, bonuses, overtime,	and commissions					
3.	Alimony and if Column B is	-	ayments. Do not includ	le payments from a spouse					
4.	expenses of regular contri your depende	you or your dep butions from an u ents, parents, and	e which are regularly pendents, including chi inmarried partner, memb roommates. Include re not filled in. Do not inclu	Id support. Include pers of your household, egular contributions from					

Deb	tor 1	Chris	E.		Carhart		Case number (if	known)	
		First Name	Middle N	ame	Last Name		Column A  Debtor 1	Column B  Debtor 2 or non-filing spous	е
5.	Net in	ncome from opera	ating a busine	ess, professio	on, or farm				
				Debtor 1	Debtor 2				
		receipts (before a ctions)	ill		_	_			
	Ordina exper	ary and necessary nses	operating -	•		— Сору			
		onthly income fron ssion, or farm	n a business,						
6.	Net in	ncome from rental	l and other re	eal property					
				Debtor 1	Debtor 2				
	Gross deduc	receipts (before a ctions)	ill		_	_			
	Ordina exper	ary and necessary nses	operating -	·		— Сору			
		onthly income fror real property	n rental or			_ here →			
7.	Intere	est, dividends, and	d royalties						
8.	Unem	nployment compe	nsation						
					ount received was a here:				
	Fo	r you							
	Fo	or your spouse							
9.		ion or retirement in benefit under the		•	amount received that	at			
10.	amou or pay or inte	nt. Do not include ments received as	any benefits a victim of a stic terrorism.	received unde war crime, a o If necessary,	Specify the source a r the Social Security crime against humani list other sources on	Act ty,			
	Total	amounts from sepa	arate pages, i	f any.		+		+	
11.	Add li	nlate your total cu nes 2 through 10 f add the total for Co	or each colum	nn.	mn B.			+	Total current monthly income

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Debtor 1		Chris First Name	<b>E.</b> Middle Name	Carhart Last Name	Case number (if known)	Case number (if known)					
P	art 2:	Determin	e Whether the Mea	ns Test Applies to	You						
12.	Calcul	ate your curre	nt monthly income for t	he year. Follow these s	steps:						
	12a.	Copy your total	current monthly income	from line 11	Copy line 11 her	<b>e</b> → 12a.					
		Multiply by 12 (	the number of months in	a year).			X 12				
	12b.	The result is yo	our annual income for this	part of the form.		12b.					
13.	Calcul	ate the mediar	n family income that app	olies to you. Follow the	ese steps:						
	Fill in t	he state in whic	ch you live.								
	Fill in t	he number of p	eople in your household.								
	Fill in t	he median fam	ily income for your state a	and size of household		13.					
			able median income amo rm. This list may also be		e link specified in the separate ptcy clerk's office.						
14.	How d	How do the lines compare?									
	14a.	a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3.									
	14b.		s more than line 13. On t t 3 and fill out Form 122A		box 2, The presumption of abuse is dete	ermined by Fo	orm 122A-2.				
Р	art 3:	Sign Beld	ow								
	By si	gning here, I de	eclare under penalty of pe	erjury that the informatio	on on this statement and in any attachmer	nts is true and	d correct.				
		/OL: E.O.									
	<i>-</i>	s/ Chris E. Ca hris E. Carhart,			XSignature of Debtor 2						
	_	-1- 0/04/03/	•		Date						
	D	ate 8/24/201 MM / DD /			Date MM / DD / YYYY	_					
	If you		14a. do NOT fill out or file	Form 122A-2.							

If you checked line 14b, fill out Form 122A-2 and file it with this form.